



## Student Organization Registration

### University of the Virgin Islands - St. Thomas Campus

Name of Organization \_\_\_\_\_

Purpose of Organization \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Membership Qualifications \_\_\_\_\_

\_\_\_\_\_

#### Please Print

_____	_____	_____	_____
Name of the Advisor	e-mail address	Office/Department	Telephone #

_____	_____	_____	_____
Name of the President	e-mail address	Campus Box #	Telephone #

_____	_____	_____	_____
Name of the Vice President	e-mail address	Campus Box #	Telephone #

_____	_____	_____	_____
Name of the Treasurer	e-mail address	Campus Box #	Telephone #

_____	_____	_____	_____
Name of the Secretary	e-mail address	Campus Box #	Telephone #

_____	_____	_____	_____
Name of the Public Relations Officer	e-mail address	Campus Box #	Telephone #

**SUBMIT THIS REGISTRATION WITH YOUR CONSTITUTION. DO NOT WRITE BELOW THIS LINE.**

This is to certify that the above named organization is duly registered as a bonafide Student Organization of the University of the Virgin Islands for the 2013-2014 academic year.

*Certified: Office of Student Activities  
St. Thomas Campus*

\_\_\_\_\_  
Date

